

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Kevin L. Boyce for City Council Committee							
Full Name of Contributor David B. Perry			Registration Number, if PAC				
Street Address 6651 Dutch Lane Rd.		Employer/Occupation/Labor Organization* David Perry Co., Owner		M	D	Y	Amount
City Johnstown		State O H	Zip Code 43031	1	0	3	1
				0	0	5	500.00
			Form(Cash,Check,etc) check				
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
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Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

500.00

Total expenditures this event

0.00

Page Total \$ 500.00
